

POTENTIAL SPONSOR REGISTRATION

Contact Person and Title: **Date:**

School/Site Name:

Address:

County: **Telephone #:** **FAX #:**

A. Sponsor wishes to participate in the following program(s):

(Please refer to the School Nutrition Program fact sheets for further assistance.)

- ☐ National School Lunch Program (NSLP)
☐ After School Snack Program (ASSP)
(Participation in the ASSP is dependent upon participation in the NSLP.)
- ☐ School Breakfast Program (SBP)
- ☐ Milk Program
☐ Special Milk Program (SMP) *(Free and paid milk is claimed for reimbursement.)*
☐ Split-Session Kindergarten Milk Program (SSKM)
☐ Special Milk Option Program (SMO) *(Free milk is not claimed for reimbursement.)*
(All milk is claimed at the paid rate.)

(Public and Charter Schools may skip to question C.)

B. This Sponsor/School is tax exempt: ☐ **Yes** ☐ **No** (If the "No" box is checked **STOP!**, you are not eligible to participate in the School Nutrition Programs. Please contact the Bureau again if your program becomes tax exempt in the future.)

C. List below the name of each school/site wishing to participate in the School Nutrition Programs. *(Public and Charter Schools may disregard completing the column entitled "Type of Facility.")*

| | Name of School(s)/Site(s) | (Indicate # from chart below) Type of Facility** | # of Children Enrolled | Age or Grade Levels |
|----|---------------------------|--|------------------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

(If more space is needed to list each school/site, please continue list on back of this page.)

****Type of Facility:** *(Place appropriate # in the chart above.)*

- Day Program**—School/program that does not provide residential facilities for children enrolled.
- Residential School**—Educational facility that **provides residential facilities** for children enrolled.
- Residential Child Care Institution**—Sites such as, but not limited to: group homes, halfway houses, shelters for abused and runaway children, juvenile detention centers, facilities for the mentally, emotionally or physically impaired, orphanages, homes for teenage mothers.
- Day Camp**—Camp that does not provide residential facilities for children enrolled.
- Residential Camp**—Camp that **provides residential facilities** for children enrolled.
- Residential Child Care Institution with Day Students**—Sites such as those listed in #3 above that serve day students as well as residential students/clients.

If a site is a residential child care institution, please attach copy/copies of current State license(s).

(Potential sponsors of any of the Milk Programs may skip to Section F).

D. Sponsors wishing to participate in the lunch or breakfast program must indicate the type of food service program to be implemented:

☐ Meals served will be PREPARED ON-SITE by sponsor personnel. "Prepared on-site" means the food is prepared, cooked, and served on-site by sponsor employees or volunteers.

☐ Meals will be purchased from a VENDOR and delivered to the school/site prior to meal time. A "vendor" is a food company, food processor, restaurant or another school food authority that prepares, packages and provides reimbursable meals to sponsors for a fee.

A "vended meal contract" is a written legal agreement between the sponsor and the vendor that specifies at a minimum ordering procedures, delivery responsibilities, and the cost of meals.

If the potential new sponsor has a vended meal contract currently on file, please specify the name and address of the vendor:

☐ The sponsor is considering contracting with a FOOD SERVICE MANAGEMENT COMPANY (FSMC). A "FSMC" is a commercial enterprise or a nonprofit organization that manages any aspect of the school food service program. Because of various legal requirements involved in the process of obtaining a FSMC, do NOT proceed with this process until you have been contacted by a regional coordinator for the School Nutrition Program. **Please note:** Contracting with a FSMC may delay your approval to participate in the School Nutrition Programs.

☐ The sponsor is in the process of becoming A SITE UNDER AN EXISTING SPONSOR of the School Nutrition Programs. Please indicate the name of the existing sponsor and the name of the contact person:

E. Sponsors wishing to participate in the breakfast and/or lunch program(s) must indicate the type of menu planning system that will be used when developing menus: (Please refer to Form #208 for definitions of menu planning systems.)

| | |
|--|---|
| <input type="checkbox"/> Enhanced Food Based (Option #3) | <input type="checkbox"/> Nutrient Standard Menu Planning (Option #1) |
| <input type="checkbox"/> Traditional (Option #4) | <input type="checkbox"/> Assisted Nutrient Standard Menu Planning (Option #2) |

F. Where will meals/milk be served to the children:

☐ Classroom ☐ Cafeteria/Multi-Purpose Room ☐ Both Classroom and Cafeteria/Multi-Purpose Room

G. Sponsors wishing to participate in the Milk Programs, please indicate how milk will be served to children:

☐ Children will be served ½ pint containers of milk.

☐ Children will receive milk dispensed from a bulk container (i.e. gallon jug) into a cup with a minimum capacity of 10 fluid ounces.

H. Check below the statement that applies to this sponsor and the Child Nutrition Programs it wishes to operate:

- ☐ Sponsor will be a **pricing** program. A separate fee will be charged to children who qualify for reduced-price meals and to children who do not qualify for free meals/milk. (*Children who qualify for free meals/milk may not be charged a separate fee for meals/milk served to them.*) This fee may be collected on a daily, weekly, monthly, or yearly basis.
- ☐ Sponsor will be a **non-pricing** program. In non-pricing programs, children will not be charged a separate fee for meals/milks served to them regardless as to whether they qualify for free, reduced price, or paid meals.

Type or Print Name of
Chief School Administrator/Executive Director:

Signature of Chief School Administrator/
Executive Director:

Date:

Please **print** the name of the person who should be contacted if the Bureau has questions about this application:

Telephone #:

Please return this form and any attachments to:

The Bureau of Child Nutrition Programs
New Jersey Department of Agriculture
P.O. Box 334
Trenton, NJ 08625-0334

Once the completed Sponsor Questionnaire is received, it will be forwarded to the appropriate Regional Coordinator who will call the contact person to establish a date and time to conduct a technical assistance visit. This visit will occur within 4 to 6 weeks.

FOR STATE OFFICE USE ONLY

Date Sponsor Questionnaire Received by Bureau:

Date Sponsor Questionnaire Returned to Sponsor, if necessary

Date D-80 Letter Mailed:

Date Sponsor Questionnaire given to RCCN

Date RCCN Contacted Sponsor:

